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| | Application Number | 10/680,377 | |
| REVOCATION OF POWER OF | Filing Date | 10/07/2003 | |
| ATTORNEY WITH | First Named Inventor | Peng Lee | |
| NEW POWER OF ATTORNEY | Art Unit | 2612 | |
| AND | Examiner Name | Toan Ngoc Pham | |
| HANGE OF CORRESPONDENCE ADDRESS | Attorney Docket Number | 1038406-000003 | |

| A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 76,447 Please change the correspondence address for the above-identified application to: I he address associated with Customer Number: 76,447 OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Applicant or Assignee of Record Signature Applicant or Assignee of Record Telephone Country Telephone | I hereby revoke all previous powers of attorney given in the above-identified application. | | | | |
|--|--|--|-------------|-------|-----|
| I hereby appoint the practitioners associated with the Customer Number: 76,447 | | | | | |
| The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Date Telephone Country Telephone | | | | | |
| Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Clark Name Date 7/2/0x Telephone 662 (5-713/ NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | ✓ The address associated with | | | | |
| Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Dice M () Telephone & Dice M () NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | | | | | |
| Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Date Telephone Telephone Telephone Telephone Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | | | | | |
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| Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Date Telephone | Telephone | | Email | | |
| Signature Signature Name Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | Applicant/Inventor. | | | | |
| Name Date Date Date Telephone 662 (15-) 134 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | |
| Name Date Date 7/28/07 Telephone 662 (15-7)34 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | Simply (A) | | | | |
| Date Telephone Compared to the control of the entire interest or their representative(s) are required. Submit multiple forms if more than one | - and the contraction | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | ₩1.c3 | | Telephone / | 1 5 (| |
| | 7/28/08 | | | | |
| signature is required, see below*. *Total of _2forms are submitted. | | | | | |

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| STATEMENT UNDER 37 CFR 3.73(b) | | | | |
|--|---|--|--|--|
| Applicant/Patent Owner: Peng Lee | | | | |
| Application No./Patent No.: 7271706 Filed/Issue | Date: 09/18/2007 | | | |
| Entitled: | | | | |
| The University of Mississippi Univer | rsity | | | |
| (Name of Assignee) (Type of Assignee) | ssignee, e.g., corporation, partnership, university, government agency, etc.) | | | |
| states that it is: 1. ✓ the assignee of the entire right, title, and interest; or | | | | |
| 2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%) | | | | |
| in the patent application/patent identified above by virtue of either: | | | | |
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| OR B. A chain of title from the inventor(s), of the patent application | n/patent identified above, to the current assignee as follows: | | | |
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| Additional documents in the chain of title are listed on a supplemental sheet. | | | | |
| As required by 37 CFR 3.73(b)(1)(i), the documentary evidence was, or concurrently is being, submitted for recordation pursuant to [NOTE: A separate copy (i.e., a true copy of the original assign Division in accordance with 37 CFR Part 3, to record the 302.08] | o 37 CFR 3.11. nment document(s)) must be submitted to Assignment | | | |
| The undersigned (whose title is supplied below) is authorized to a | ct on behalf of the assignee. | | | |
| Clice M. Clark | (12 S/5-7/31 | | | |
| Printed or Typed Name | Telephone Number | | | |
| Vice (Lonalling for Meseral | | | | |
| Title | | | | |

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